FEBRUARY 15, 1955
VOL. 29 No. 4

MADSEN ON MALOCCLUSION

THE FORTNIGHTLY Review

OF THE CHICAGO DENTAL SOCIETY

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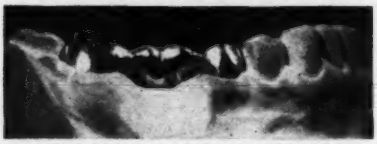

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The Fortnightly

REVIEW

OF THE CHICAGO DENTAL SOCIETY

Number 4

Feb. 15, 1955

Volume 29

EDWARD J. SULLIVAN — EDITOR
KARL S. RICHARDSON — BUSINESS MANAGER

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". . . . AND THE 92ND . . . . AND THE 93RD . . . . AND THE 94TH . . . . AND . . . . . ! !"

The Fortnightly
REVIEW
of
THE CHICAGO DENTAL SOCIETY
February 15, 1955 Volume 29 • Number 4

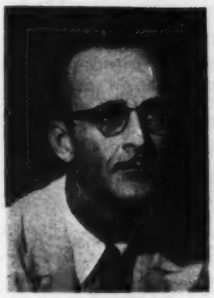
The Diagnosis and Correction of Functional Malocclusion

By Blair C. Madsen, D.D.S., Miami, Florida

[**Editor's Note:** *Dr. Blair C. Madsen, who was graduated from Northwestern University Dental School in 1933, is well-known as an essayist and clinician throughout the United States and the Latin American countries. He is the author of numerous articles appearing in American and foreign dental journals.*

Dr. Madsen limits his practice to periodontia. He is a member of the Southern Academy of Periodontology and is Chairman of the Periodontal Section of Dade County Dental Research Clinic.]

Study of the history of man reveals that nature basically designed a masticating mechanism intended to function efficiently with multiple and balancing cusp contacts. This precise function was intended to exist not only in hinge axis closure, but in right and left lateral and protrusive movements of the mandible.



Dr. Madsen

When premature contacts, existing on certain teeth, interfere with simultaneous contact of all teeth in hinge axis closure or when locked cusps and incisal overbite prevent the normal function of bilateral balance in all masticatory ranges, we are aware of a condition known as Functional Malocclusion. The resulting forces of this malfunction are transmitted through the teeth to the supporting structures, producing visual evidence of disturbances in the soft tissues and x-ray evidence of bone loss.

It is estimated that 65 per cent of all people over 35 years of age who lose their teeth, lose them because of periodontoclasia. Functional malocclusion is one of the chief causes of periodontoclasia, temporomandibular dysfunction, destruction of arch form and generalized sensitivity throughout the mouth. Approximately 50 per cent of all patients will reveal the presence of these interferences to normal function. The potent effect of functional malocclusion is recognized as the greatest destructive force in the human mouth today!

Many seemingly excellent completed cases in operative and prosthetic dentistry, as well as in orthodontia and periodontia, are predestined to failure be-

*Presented at the 1954 Midwinter Meeting of the Chicago Dental Society.

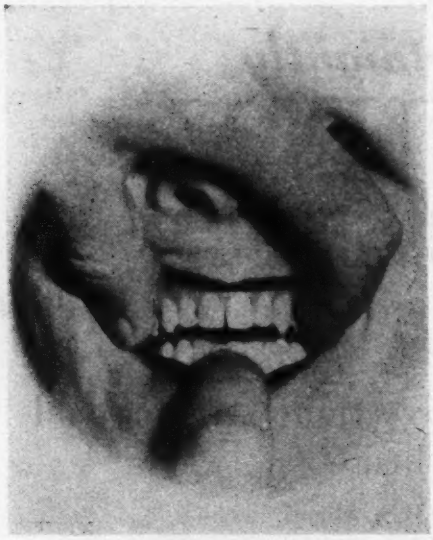


Fig. 1. Method of diagnosis of functional malocclusion.

cause we fail to detect the presence of these interferences to normal function. The dentist of today is not solely interested in the satisfaction of esthetic and reparative factors. Stress is being made upon the functional concept of occlusion to preserve masticatory efficiency and periodontal integrity, thereby preventing a premature loss of the teeth.

Corrective technics of occlusal equilibration, as prescribed by various authors[1, 2, 3, 4] are now well established and practical. The destructive effects of functional malocclusion can now be greatly minimized.

The science of dentistry (and the I.Q. of the average patient) is rapidly progressing to a point which makes it imperative that every dentist acquire knowledge pertaining to equilibration of occlusion.

The method of diagnosis of functional malocclusion (or presence of a premature contact in the hinge axis closure of the mandible) is illustrated in Fig. 1. The patient is asked to close into a rest position with the teeth slightly apart. The patient is warned to keep the teeth from touching until a signal is given to do so. The operator places his fingers in position on the upper and lower teeth as illustrated. The mandible is then guided into retrusion while the teeth still remain slightly apart. The patient is then asked to banish all thought of biting and to close lightly one millimeter at a time, without exertion until the first tooth is felt.

The patient, when asked, will readily point to the area of first contact. Fig. 1 illustrates the positional relationship of the mandible to the maxilla at the moment when the first interference to hinge axis closure was felt. The patient pointed immediately to the right second molar area. The right side of the mouth is then dried by using cotton rolls and compressed air. The controlled closure is then repeated, as previously described, with thin carbon paper interposed between the upper and lower teeth, again asking the patient to close until the first contact is felt. The primary premature contact can be precisely located by the carbon marking.

Since it is difficult to demonstrate the mechanics of this lack of correlation between hinge axis closure and the intercuspation of the teeth, I have devised a working model which serves to illustrate the mechanical principles involved (Fig. 2a). The model is composed of plexiglas. The maxillary and temporal portions are bolted to the black base. The mandibular portion has freedom of movement and is held in contact with the temporal portion by means of rubber bands. The upper second molar is removable and plastic teeth with varying cusp inclines can be inserted in the opening. The upper central and lateral incisors are also removable but are held in place by a bolt through the back which allows them to be forced forward; spring tension is designed to hold them posteriorly. The amount of forward movement can be measured on the scale by the needle, which is attached to the central incisor. The premature contact is in evidence in the second molar area (see arrow), Fig. 2 (a). Contact is felt by the patient, yet the bite is still open. (Note position of

needle on scale and skull relationship of the condyle).

In order to achieve full closure, the mandible must slide protrusively, by incline plane action, from this point of interference into an eccentric position, Fig. 2(b). When this slippage occurs, two undesirable factors come into play simultaneously.

FACTOR 1

The mandible is thrust protrusively, due to the leverage of this incline plane, and sufficient horizontal displacement occurs to move the upper incisors anteriorly one millimeter as the model attains full closure.

FACTOR 2

The leverage of this incline plane also produces a thrust upon the condyle, bringing undue stresses upon the upper portion of the external ptergoid muscle which inserts into the anterior part of the capsule. Stresses are also applied to the lower part of the external pterygoid which inserts into the neck of the condyle anteriorly. The temporomandibular ligament which holds the condyle forward and the collateral ligaments which attach the meniscus to the head of the condyle are also affected by these stresses. It is this constant tremendous stress applied to all teeth and the temporomandibular area that destroys the supporting structures and produces temporomandibular dysfunction, which results in a multitude of acute and chronic symptoms.

An analysis of the patient's occlusion, by means of models mounted upon an anatomic articulator is imperative before attempting to make corrections by occlusal equilibration.

A conventional hinge axis locator should be used to establish definite hinge axis marks on the face. A face bow is then adjusted to these marks. The upper model can then be transferred to an anatomic articulator in its correct relationship to the hinge axis and the orbital axis plane. The lower model should be oriented and mounted to the upper using a centric wax record of true hinge axis closure.

The corrections necessary to bring about proper function in centric closure, lateral and protrusive excursions, can be made safely upon the models and then the same approach to correction can be made in the mouth.

EQUILIBRATION OF OCCLUSION (CENTRIC PHASE)

Premature contacts which interfere with the normal hinge axis closure of the mandible always occur (and show carbon marks) on a distal inclined plane of the lower tooth involved and a mesial inclined plane of the upper tooth involved. (See arrow Fig. 2a.) The correction of these interferences is accomplished by means of reduction with a stone. The reduction is made first on the lower tooth, grinding from the height of the carbon mark (near the tip of the

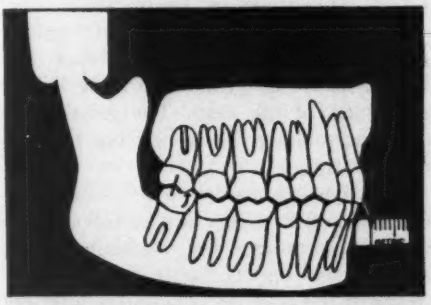


Fig. 2 (a). Plexiglas Model—Hinge axis closure stopped at moment first interference or contact was felt.

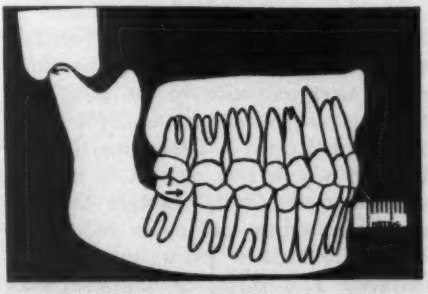


Fig. 2 (b). Plexiglas Model—Mandible propelled protrusively, by incline plane action, into an eccentric position.

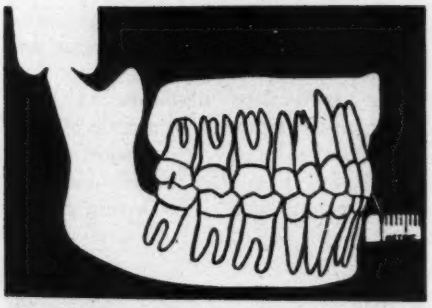


Fig. 3. Plexiglas Model—Intercuspation of the teeth corrected to conform with the arc of hinge axis closure.

cusp) toward the base of the fossa. The reduction is then made on the upper tooth, grinding from the height of the carbon mark (near the tip of the cusp) toward the base of the fossa. The objective is to make these interfering distal and mesial inclined planes, which strike first in hinge axis closure, approach horizontal planes. When this is accomplished the inclined planes of these cusps will no longer interfere with the arc of normal hinge axis closure of the mandible.

This precise and discriminate reduction of interferences will not "close the bite" because no grinding is done at the actual tip of the cusp. The grinding is done only along the interfering inclines of the cusps.

The plexiglas model (Fig. 3) can now be closed on its hinge axis to full closure without protrusive slip, without mesiodistal stress on all teeth and without thrust of the condyle. The intercuspation of the teeth and the retruded rotational movement of the mandible on its hinge axis have been correlated.

Under actual working conditions on the articulator and in the mouth, we find that this malfunction will not be eliminated after reduction of the first interfering areas. In such cases, simply repeat the original process. Determine the new location where first contact is felt (as previously described). Obtain the premature marking, and again reduce the interfering inclined planes on the teeth involved. This should be continued until all teeth meet simultaneously, and all slippage is eliminated.

CORRECTION OF ANTERIOR INTERFERENCES IN LATERAL EXCURSIONS

Figure (4a) illustrates the initial interference encountered on the cuspids and lateral incisors in right lateral excursion. The posterior teeth, which should be in function are disengaged. Figure (4b) illustrates the improved condition after the excursive interferences were eliminated. In correcting excursive interferences the following technic is recommended. Register centric markings by using red inking ribbon (Madame Butterfly No. 10 ink). Make a mental note of the location of all centric markings. Use thin blue carbon paper to show the paths of the excursive movement. Have

Fig. 4 (a). Right lateral excursion before correction.

Fig. 4 (b). Right lateral excursion after correction.

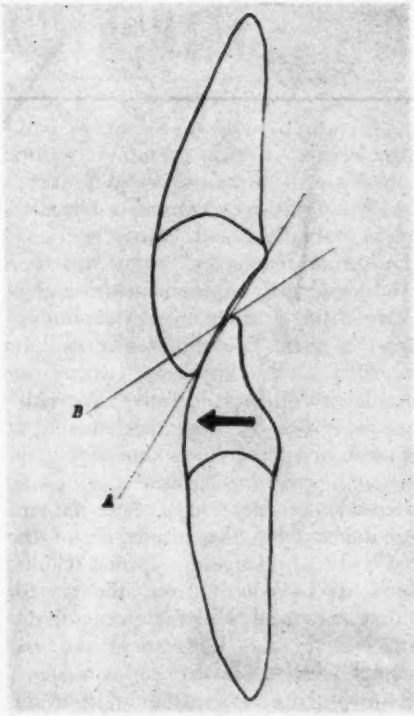


Fig. 5 (a). Correction of cuspid and incisor interferences to right lateral excursion.

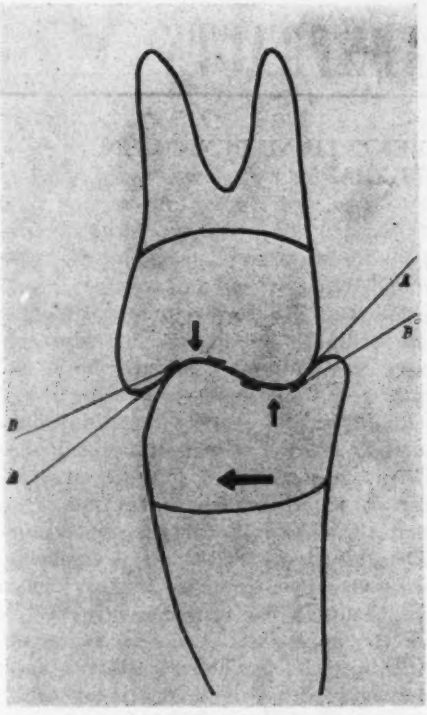


Fig. 5 (b). Correction of posterior interference in right lateral excursion.

the patient remain closed in centric after making the excursive movement. Mark the carbon paper and hold with cotton pliers at the space between the lower bicuspids and instruct the patient to open. Perforations in the carbon paper indicate the location of the interfering areas in lateral excursion. The individual interfering areas can be located by using the mark made with the cotton pliers between the two lower bicuspids for orientation.

In correcting the cuspid and incisor interferences in right lateral excursions (Fig. 5a) the steep incline (A), on which the lower cuspid travels must be reduced to incline (B). This reduction must be made on the upper cuspid from the edge of the red centric mark to the termination of the blue mark. The lower cuspid should not be ground as that will take it out of occlusion. Relieving the upper cuspid and anteriors as described, will permit the posterior teeth to come into effect in lateral excursion and enable them to relieve the stress upon the anterior teeth. By using the red ribbon to register centric on the posterior teeth, followed by blue carbon paper to register the lateral excursive movement all lateral excursion interferences on the posterior teeth can be located as previously described.

CORRECTION OF POSTERIOR INTERFERENCES IN LATERAL EXCURSIONS

In figure (5b) the small vertical arrows indicate the areas in the fossae that should be reduced to eliminate locked cusp contacts. The bars on the occlusal surface of the two teeth indicate the red centric marks used to register centric contacts. The large heavy arrow indicates the direction of movement. The blue lateral excursion marks showing along the steep inclines (A) should be reduced to

(Continued on page 16)

ABSTRACTS

BENZATHINE PENICILLIN THERAPY

A new, long-acting penicillin compound, benzathine penicillin G, was found effective in the treatment and prophylaxis of infections requiring surgical treatment in 46 patients. Most of these cases would ordinarily have required multiple doses of procaine penicillin, but in this study a single injection of 600,000 units of benzathine penicillin G was given. Of these 46 cases, 33 were treated therapeutically and 13 prophylactically. The following are the conditions for which benzathine penicillin G was given. Therapeutic treatment: cellulitis, infected laceration, subcutaneous abscess, infected burn, infected human bite, furuncle, pyoderma (ecthyma and impetigo) with lymphadenitis, prepatellar bursitis, otitis media with drainage. Prophylactic treatment: severe burns, lacerated tendons, varicella vesicles (prevention of secondary infection), gunshot wound of hand with compound fracture of metacarpal, extensive laceration. In all of the cases treated therapeutically the infection was promptly controlled. In the prophylactically treated lesions, all remained free of infection and healed by first intention except for burns which promptly developed clean granulation tissue.—*USE OF A NEW LONG-ACTING PENICILLIN COMPOUND IN SURGICAL INFECTIONS, by John R. Hankins, M.D. and George H. Yeager, M.D. The Journal of the American Medical Association, August 7, 1954.* O.C.L.

NECROTIZING ULCERATIVE GINGIVITIS

Some of the synonyms of necrotizing ulcerative gingivitis are: Vincent's infection, fusospirochetal infection, fusospirochetosis, trench mouth, necrotic gingivitis or stomatitis, Plaut-Vincent's disease, ulcero-membranous stomatitis, putrid stomatitis, and Gilmer's disease. The author points out that it has been recommended by the nomenclature committee of the Academy of Periodontology that the term "Vincent's infection" be discarded and "subacute, acute, or chronic necrotizing ulcerative gingivitis" be substituted. A study was made of eighty-five patients in whom the diagnosis of necrotizing ulcerative gingivitis was made. Seventy-five of these patients were taken from the admissions of the University of Minnesota Dental Clinic, which serves people from the metropolitan area and students from all departments of the University, and ten patients were taken from the author's private practice. It was found that the occurrence was most frequent in young people. There was a higher incidence in the male patients and unmarried people. The incidence of the disease was the greatest during the months of November, December, January and February. The interdental papillae of the mandible were more frequently involved than the interdental papillae of the maxilla. The site most frequently involved was the interdental papillae of the lower anterior incisors and cuspids.—*NECROTIZING ULCERATIVE GINGIVITIS, a Study of Its Incidence, by Erwin M. Schaffer, D.D.S., M.S.D. North-West Dentistry, September, 1954.* O.C.L.

AUTO-POLYMERIZING RESINS FOR DIRECT INLAY PATTERNS

An investigation was carried out to determine the suitability of autopolymerizing acrylic resins for use as direct inlay patterns by reference to the requirements demanded of a standard inlay wax. The acrylic is comparable and may

(Continued on page 26)

EDITORIAL

DENTISTS AND THE DENTAL SALESMEN

Normally complaisant by nature and training, most dentists do not appreciate or realize the effect that the supply houses have on our practices. In many ways we depend upon them, but we must also not forget that they depend upon us for their existence.

Our relationship with salesmen must always be on a plane to show respect as well as demand it. If time and conditions permit, we should deal with salesmen directly, rather than leave that detail to our assistants. A dental supply salesman has a fair understanding of the policies and practices that foster success in other offices. He is in the enviable position of being able to provide good advice or recommendations without being a gossip. A prudent salesman will not tolerate or be guilty of this indiscretion. The "order taker" type deserves to be relegated to the assistant whereas the genuinely interested or capable salesman can be helpful in a positive way, deserving personal contact. Many advantages can be found in this association. New materials and devices are introduced and marketed in this manner and many of these items find their way into daily use. The personal touch also affords the opportunity to air our mutual problems and discuss our grievances. Occasionally, a regular salesman will have in tow a representative of a manufacturer or chemical house. Once again it is to our advantage to see these individuals, for much can frequently be learned. Sometimes, however, one will take advantage by taking too much time or is in other ways obnoxious and we must forcefully terminate the interview.

What can we do to help in the dentist-supply house relationship? First of all and of the most importance is that we pay our bills, not only promptly but in full. Then, in so far as is possible, we should anticipate our needs and order well in advance. Finally, we should not take unfair advantage of our position by unjust demands and unscrupulous dealings. We should not call upon them for donations either in cash or merchandise or in any other manner be indebted to them.

What is the position of the supply houses? They must not expect us to deal with any dealer just on a friendship basis or try to take advantage of that friendship. Everything must be on a strictly business basis and should remain there. Occasionally we will not care to deal with a certain firm. Sever that connection completely and if the salesman has any sense at all, he will comply in a gentlemanly fashion. Very little is actually expected of a supply house. First, since this is their business, we can expect them to have a complete stock of dental supplies on hand. Back orders are unnecessary and frustrating to all parties concerned. Secondly, since service is equally important, failure in either or both of these departments is sufficient reason for us to take our business elsewhere.

There is no reason why dentists and dental supply houses cannot be harmonious in their relations. If each of us will examine our own responsibilities, our affiliation is bound to be advantageous for us both.

NEWS AND ANNOUNCEMENTS

CHICAGO DENTISTS 76%

Dr. S. R. Kleiman recently turned in an interim report to the Auditing Committee of the Community Fund indicating that 76 per cent of the dentists in the Society were on record as having made a 1954 contribution to the Fund. This was a higher figure than the majority of branches of endeavor but there were several other categories ahead of us. Dr. Kleiman feels that many dentists contribute to the Fund that do not identify themselves as dentists when they do so and thus dentistry does not get credit for the part it plays in the community support of this worthy undertaking. Make certain first, of course, that you do contribute and, second, that you are given credit for the contribution as Dr. Joseph Doakes and not just as the solicitor's friend, Good Ole Joe—period.

CLICK!

The Camera Study Club will hold a meeting on Wednesday, February 23rd. at 1:30 p.m., in the Pittsfield Building, 55 E. Washington Street.—*Romaine J. Waska, 800 West 78th Street, ST. 3-7800.*

NAVAL RESERVE MEETING

The next meeting of the Naval Reserve Volunteer Dental Companies will be held Friday evening, February 25th, 8:00 p.m. sharp, at the Naval Armory, Randolph Street and the Lake. Speaker for the evening will be Richard Johnston, foreign correspondent for *The New York Times.* Mr. Johnston spent six years in Korea and the Far East. He gives an excellent talk on the far eastern situation. Don't miss this meeting; visitors welcome! —*Dr. Arndt B. Nordlie, Program Officer.*

INSURANCE NOTE

In a recent report of the Society's Insurance Committee Dr. Alvin J. Sells, Chairman, points out that while it is a part of our basic contract with the Michigan Life Insurance Company a specific statement setting forth the grounds on which the Company may refuse to renew the policy is not a part of the individual certificate issued to each member carrying the insurance. It may be felt by some individual members that a formal endorsement establishing these grounds would be a desirable addition to their insurance records and, Sells said, such endorsement is available from the Company upon written application.

The Company reserves the right, Sells continued, to refuse to renew these policies on the following grounds and only upon the following grounds:

1. Non-payment of premiums on or before their due dates;
2. If the insured retires from or ceases to be actively engaged in his occupation as a dentist;
3. If the insured ceases to be an active member of the Chicago Dental Society or
4. If renewals are declined on all like policies issued to members of the Chicago Dental Society.

It is these provisions that will be stated in the endorsement to be made a part of your policy if you so desire.

ILLINOIS OFFERS FELLOWSHIPS

Ten fellowships offered through the Graduate College of the University of Illinois will be awarded to qualified scholars who contemplate academic or research careers in the medical and allied sciences.

(Continued on page 32)

NEWS OF THE BRANCHES

KENWOOD-HYDE PARK

By now the Midwinter Meeting is over and everyone has gotten his supply of samples and is trying to recover those lost hours (night hours). We hope that all enjoyed themselves and that they got some good ideas from the meeting, you know, the material was there and all you had to do was to let it soak in a bit. . . . Called Arthur Block and found out that he had gone to a fishing meeting; didn't know that Arthur was a fisherman. OH! Just happened to remember that the meeting was *Angle* and it was for orthodontists not fishermen. Just goes to show you that names can be confusing. . . . A report came in by special dog sled from 75th St. about Jesse Carlton, we are very glad to hear that he is back in his office full time even if he is taking it easy. Jesse has missed seeing the men around there, but it seems that the men have moved to greener pastures. There were a few vacant stores the last time I was over that way, so maybe there is some truth to the statement. . . . Has anybody seen anything of Bob Wells lately? I understand that he has been back to Fla., well, maybe we will see him at the meeting. . . . We understand that Wm. DeLarye likes wide tape, especially if it is wrapped around him. We were sorry to hear that it had been necessary to have him taped up. I am told that you must grit your teeth real hard when they take tape off, but just as long as they leave you *some* skin it shouldn't be too bad. . . . Roy Eberle has such a fine practice, they have to open the windows to cool off. Mrs. Eberle is looking for a small heater so that she can keep warm when the lab. is so overheated with Roy's work and the windows are opened. . . . I hope that I saw you at the meeting. Don't forget the meeting in March, come out and learn something new.—*Warren H. Lutton, Branch Correspondent.*

WEST SUBURBAN

The Far West Suburban Study club had a most interesting meeting on Jan. 27th when the American Cancer Society gave a lecture on mouth cancer. All who attended the meeting felt that they had been brought up-to-date on a most important subject. It is hoped that more men in the area will turn out at future meetings, for besides in most cases learning something, they will also have a fine time. . . . The Midwinter Meeting was the usual big success and we are all fortunate to live so near so that we can reap the benefits of it with such small effort on our part. . . . At a recent meeting of a group of dentists in the area, Lyle McNamara was surprised by his wife having a large birthday cake given to him; along with the cake was a booming rendition of *McNamara's Band* for Lyle. All of the men there enjoyed the cake very much. . . . Vern Cultra has just had his office completely redecorated and new carpeting put on the floor so it again looks as snappy as when Ritter designed it for him some time back in those 40 years of practice. He's right on the ball. . . . Bill Lapka has just moved into a big new house that is modern on inside and out. He did what everyone would like to do but never does, and that is when he moved into the house he got rid of all his old furniture and started all over again. Boys, don't let your wife read this. . . . Poor old John O'Connell is in the throes of a big problem. Should he keep the assistant that is good at the chair; or the one that is good on the phone; or both of them; or start all over with a new one? John has offered a free carbide bur to the one who sends in the best answer. . . . Don "mad dog" Jaeger must have a card with the bartender's union for he is constantly trying to talk your correspondent into trying some weird concoction like a Scarlet O'Hara, a Pink

Lady, or some such. If it isn't that, then he considers me his official taster and figures that if I live through one he'll give it a go. . . . Let's have some news out of the Midwinter.—*Bob Randolph, Branch Correspondent.*

ENGLEWOOD

Received a letter in the morning post the other day and paid the three cents postage due to read the following: "Dear Luke: Got a epistle from a certain dental society here in Chicago which asks that the copy to appear in the Feb. 15th issue of their rag be on their desk by Jan. 27th instead of the expected Feb. 1st. These five days make enough difference to make their mention to you worth the cost of sending this to you. Please remitttt. Yern, Wittle Wo." This is all I received and now he expects a new stamp to boot. . . . Irv. Oaf underwent an operation at Woodlawn Hospital; hear tell he's coming along okay. . . . Gus Johnson is taking life easy on the farm in Indiana after his recent operation. . . . Milford Sorley is leaving February 15 for an extended vacation at Coral Gables, Florida. . . . It is rumored that Bob Tanis is taking an extended vacation at Uncle Sam's expense in some branch of the Military. . . . The Saline County squire, Webster Byrne, reports that daughter Coleen was valedictorian of her class at Calumet High and topped the class with an average of 3.986 out of a possible four points. Hmmmmm, too bright for dental school. . . . The Camera Study Club is going strong with about fifteen members. . . . The Roseland-Beverly Study Club is half way through their eight-week study of periodontal diseases. . . . Chuck Sinard

(Continued on page 26)

NORTH SIDE BRANCH *to present*— DR. JOHN KOLLAR *on March First*

Again the North Side Branch presents a timely up-to-date program in its continued efforts to bring to its members the latest and best in dentistry. Dr. John Kollar of Chicago, practicing periodontist, teacher, lecturer, author and member of numerous periodontic and professional societies, will speak on "The Problems of Occlusion in the Treatment of Periodontal Disease" for the March 1st meeting at the Edgewater Beach Hotel.

Does "occlusal trauma" cause periodontal pockets?
Is "occlusal trauma" a disease process?
How does "occlusal trauma" affect the functions of teeth in periodontal disease and operative procedures?
What are the proper procedures and what basic knowledge is necessary for diagnosing occlusal disharmonies?
What adequate methods of treatment are available today?

These and many other problems will be presented. The mechanical procedure for proper diagnosis and treatment will be presented by lecture and slides and the basic principles of periodontal pathology and its relation to occlusion will be discussed.

All of us are daily faced with these problems in our office. Here is an opportunity to learn first-hand from an expert how to properly meet these problems. No progressive dentist can afford to miss this session. Our social hour will begin at 6:00 p.m. with dinner at 7:00 p.m. followed by our program at 8:00 p.m. See you on March 1st at the Edgewater Beach Hotel.

—*Earl S. Elman, Secretary*

SOL A. SHIRET
Chairman
Ethics Committee

Sol A. Shiret, popular chairman of the Ethics Committee of the Chicago Dental Society, was graduated from the Loyola University School of Dentistry in 1927. He maintains his professional office at 25 East Washington Street in Chicago's Loop, limiting his practice to oral surgery.

During World War II, Dr. Shiret served with the Dental Corps of the U. S. Army and of the Air Force. He is a member of Alpha Omega fraternity. Dr. Shiret declares his chief distinction is being grandfather to the "most beautiful granddaughter in the world."

(Continued from page 9)

lesser inclines (B) (if these areas show perforations or signs of interference). This reduction must be made along the lines of (B) from the edge of the red centric mark to the termination of the blue mark. The red centric mark should not be destroyed. Make all excursive corrections away from the red centric markings.

If interference is felt on the balancing side of the mouth, it may be located as previously described and reduced by using the red and blue technic until the balancing side and the working side of the mouth are synchronized. The left side of the mouth may now be studied in lateral excursion and corrected in the same manner as prescribed for the right side.

Fig. 6 (a). Interferences in protrusive excursion.

Fig. 6 (b). Protrusive interferences eliminated—Group function of all anterior teeth.

PROTRUSIVE INTERFERENCES

Figure (6a) illustrates the interferences encountered in protrusive excursions. Figure (6b) illustrates the improved esthetic and functional conditions that exist when these interferences have been eliminated. Part of the stress which is thrust upon the incisor teeth in protrusive excursion can be relieved by occlusal equilibration. If the upper central and lateral incisors are longer than the cuspids, and if esthetic and anatomic factors permit, they can be shortened to relieve the stress somewhat.

REDUCTION OF TRAUMA IN PROTRUSIVE EXCURSION

The red and blue technic should be used in correcting the remaining gross interferences in protrusive excursion (Fig. 7). Red inking ribbon is used to register centric contact. Carbon paper is used to register the path of protrusive movement. The objective in reduction of trauma in protrusive excursion is accomplished by reducing the steep incline (A) upon which the lower incisor must travel, to lesser incline (B). This reduction must be made upon the upper anterior teeth from the outer edge of the red centric mark to the termination of the blue mark. This method of reduction should be continued until the stress of protrusive excursion is borne by as many anterior teeth as possible and functioning smoothly.

Relatively few patients will demonstrate continuous contact of the posterior teeth throughout the entire functional range of protrusive excursion. Esthetic and anatomic factors make it impossible to shorten the upper incisors sufficiently to permit the posterior teeth to come into contact as nature intended. The entire stress of protrusive excursion is still upon the incisor teeth. It is logical to assume

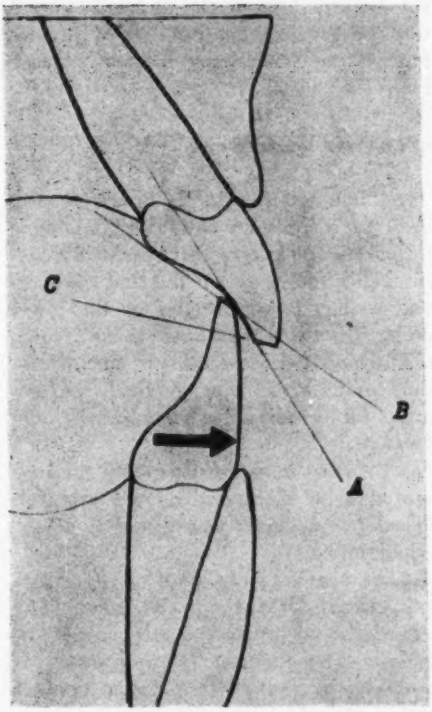


Fig. 7. Method of reduction of trauma in protrusive excursion.

that if some sort of posterior balancing support could be supplied throughout the entire protrusive excursion to offset the traumatic forces upon the incisor teeth, they could be relieved of trauma and thereby be retained in a healthy condition. Many patients presenting evidence of periodontal disorder, abrasion or discomfort in the anterior segment of the mouth are incorrectly diagnosed and treated as closed bite cases. A functional analysis of the patient's occlusion may reveal that the normal arc of closure is altered by premature contacts, causing a protrusive thrust of the mandible, forcing the patient to function in an eccentric position. When this malfunction is corrected by occlusal equilibration and posterior balancing support is provided in protrusive excursion, all traumatic factors can be eliminated. There is no need, in many cases, for bite opening by means of occlusal reconstruction, bite plates and splints.

PROSTHETIC COUNTERPOISE

The principle of prosthetic counterpoise is simply the addition of an equivalent power or force which will act in opposition to a force which is destructive to any part of the masticatory mechanism.

THEORY OF POSTERIOR BALANCING SUPPORT

In traveling from centric (Fig. 8a) into protrusive (Fig. 8b), point (A) of the lower incisor must move forward and downward along plane (A). Simultaneously, point (B) must move upward and backward along imaginary plane (B). If a plane such as (B) could be established along which point (B) could function in harmony with the angle of inclination of plane (A), the stress along plane (A) could be reduced during the incisive stroke. The creation and application of a functional plane such as plane (B), which would not interfere with centric or lateral excursions, would provide posterior balancing support in protrusive excursion and thereby eliminate the trauma thrust upon the incisors. If the curve of Spee is not too acute and

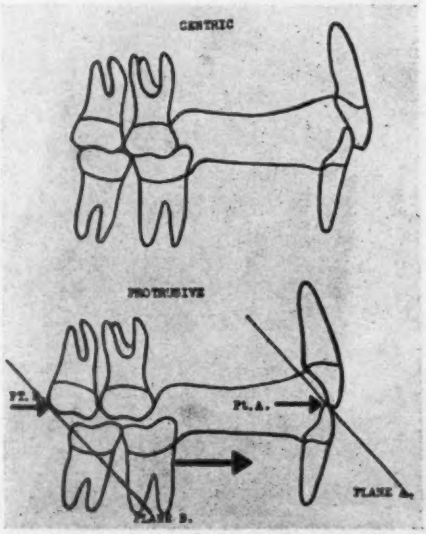


Fig. 8 (a) & 8 (b). Mechanics of: The Theory of Posterior Balancing Support.

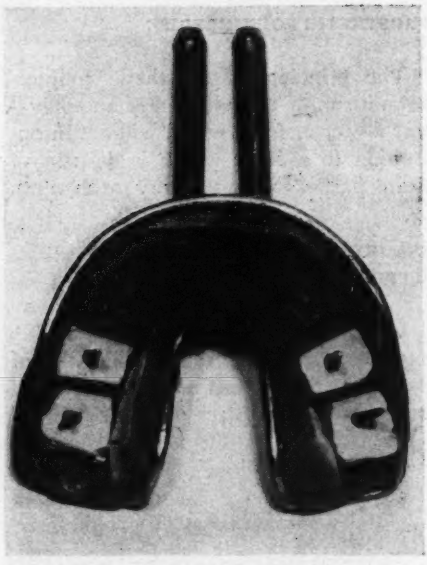


Fig. 9. Preparing and pouring impression.

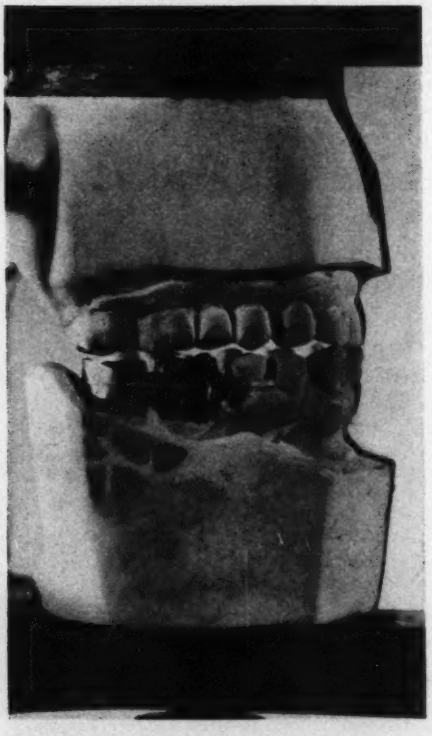


Fig. 10. Matrix metal bands ligated in position (articulator in protrusive position).

the inward slope of the upper incisors is not too great, the possibility of providing posterior balancing support is feasible.

OPERATIVE PROCEDURE

1. The first step in the operative procedure to provide posterior balancing support is the preparation of MOD cavities, slice lock type, in the first and second molars on both sides of the lower arch. Interproximal soft tissue which might interfere with access of the impression material to the gingival margins must be removed or temporarily depressed.

2. An accurate hydrocolloid impression is taken of the entire lower arch followed by an alginate impression of the upper arch.

3. A centric wax record of true hinge axis closure should now be taken. The record should not include the cuspids or incisors. The operator, by direct observation, can be assured that cuspid contact and a record of true hinge axis closure have been obtained.

PREPARING AND POURING IMPRESSIONS

1. The four cavity areas are poured first, in die stone. Matrix metal strips are used to prevent the die stone from running together while pouring these areas of the impression. The metal strips should be cut long enough to engage the buccal and lingual of the hydrocolloid between the impression of each cavity preparation. Care should be taken to avoid encroaching upon the gingival marginal areas of the impression during placement of the metal strips.

2. Die stone should be mixed to a thick consistency and vibrated into each cavity, filling the cavity slightly to excess.

3. Sprinkle additional powder upon each cavity area until the filling is of the consistency of putty and insert dowel pins, carefully centered and alined, over each cavity area (Fig. 9).

4. The impression is placed in a hu-

midor until the die stone has set. The pins and models are left intact in the impression and are painted with vaseline.

5. A thin mix of stone is prepared and the master model poured, without vibration, to prevent movement or distortion of the pins or dies.

6. After the stone has set, separate the master model from the impression. The abutment teeth may now be removed, trimmed, and replaced upon the model.

7. The upper model should be transferred to an anatomic articulator in its correct relationship to the hinge axis and the orbital axis plane as previously described. The lower model should be oriented and mounted to the upper, using the wax record of true centric closure.

FABRICATION OF WAX PATTERNS

1. Matrix metal bands should be cut, fitted and scribed to embrace the distal part of each lower second molar. The occlusal section of each band should extend well above the occlusal surface at the distal of the second molars (Fig. 10). The occlusal height of each band should be reduced, if necessary, to permit clearance of the upper second molars in protrusive excursion. (Articulator is in protrusive position.)

2. Holes should be punched at each end of the matrix bands and a ligature threaded through the holes. The ligature should be brought forward and threaded through a hole drilled between the bicuspid teeth.

3. The matrix bands of each side may be securely tied in place and the four cavities waxed as individual units.

4. The second molar wax patterns should be built up in excess at the distal above the height of the matrix bands. The matrixes will prevent distortion or dislodgement of the wax patterns when stress is applied during the time of development of posterior balancing support (Fig. 11).

5. The wax patterns in the second molars shuld fit snugly to the distal section of the upper opposing molars still allowing for closing of the articulator in centric and offering no interference to lateral excursions.

Fig. 11. Wax patterns within the matrix bands.

6. Lubricate the upper second molars and warm the wax at the distal part of each lower second molar with a blow pipe. The articulator may be moved repeatedly from centric into protrusive position. This procedure should be continued until a functioning plane is developed in the wax pattern which coincides with the plane of function of the incisor teeth in protrusive excursion.

7. The part of the wax pattern where posterior balancing support is being developed should not be carved manually. Permit the upper second molars to produce the amount and the path of reduction of the wax surface that is necessary to function harmoniously and without trauma to the incisor teeth.

CASTING AND SOLDERING

1. Remove, invest and cast the wax patterns as single units. Place the castings in their respective cavities, perfect the occlusion in centric, solder together the inlays of each side, and replace on the master model (Fig. 12 (a)).

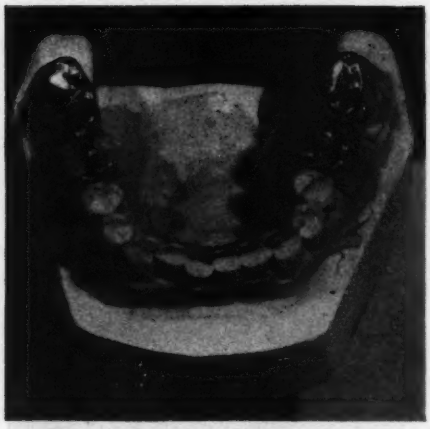


Fig. 12 (a). Soldered castings of each side in position on master model.

2. Using Pittsburgh Prussian Blue painted on the teeth of the upper model or carbon paper between the two models, the occlusal aspects of the posterior balancing supports may be perfected to establish the approximate degree of balance desired between the incisors and the posterior balancing supports in protrusive function (Fig. 12 (b)).

CEMENTATION AND FINAL ADJUSTMENT

The final adjustment for a state of balance between the incisor teeth and the posterior balancing supports can be accomplished with a greater degree of accuracy seventy-two hours after cementation. The occlusion in centric, lateral, and protrusive excursions must be checked and all remaining interferences removed to the satisfaction of the operator and the comfort of the patient.

CONCLUSION

The orthodontist, periodontist and prosthodontist must realize the importance of reduction of the traumatic forces of functional malocclusion. These traumatic forces must be detected and corrected before orthodontic patients are dismissed and before any great amount of operative work or extensive restorative and periodontal service is attempted. A conscientious effort should be made to obtain simultaneous contact of all teeth in hinge axis closure and to obtain bilateral balance in all masticatory ranges.

The correction of functional interferences will in many cases eliminate the discomforts of temporomandibular dysfunction. Impaired teeth, with the usual symptoms of sensitivity, suppuration and bone loss can be improved and made comfortable. Tissue tone can be restored and the bony matrix partially regenerated.

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Fig. 12 (b). *Prosthetic Counterpoise!* State of balance existing between incisor teeth and posterior balancing supports. (Articulator in protrusive position)

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Sol A. Shiret	1955
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Applications for Membership

The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Sol A. Shiret, 25 E. Washington St. Anonymous communications or telephone calls will receive no consideration.

Applicants

CARTER, JAMES A. (N.U.D.S. 1937) North Suburban, 1604 Chicago Ave., Evanston. Endorsed by James H. Keith and Zenas M. Shafer.

(Continued on page 32)

Classified Advertising

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(Continued from page 10)

even be superior to wax in regard to plasticity, manipulation and cavity adaptation, and the difficulty of color differentiation could be easily overcome. However, the pigmented resins as routinely used have been found unsuitable for acrylic patterns owing to the residue left after burn-out causing a roughness of the resulting casting. This was overcome by using a special clear resin of amine-peroxide activation, but the tendency to a generalized surface roughness was not entirely eliminated. In no case was an accurately fitting casting obtained from either pigmented or clear acrylic resin and the main causes of this result are thought to be the distortion of the mold due to the expansion of the acrylic on heating, together with the destruction of the mold surface. It is also possible that the acrylic inlay pattern restrains the setting expansion of the investment. Auto-polymerizing resin does not lend itself to any technique using thermal expansion of the pattern itself as is possible with inlay wax. It was concluded that at present the self-polymerizing acrylic resins are quite unsuitable for the production of accurately fitting inlays.—*AN INVESTIGATION INTO THE SUITABILITY OF THE AUTO-POLYMERIZING RESINS FOR DIRECT INLAY PATTERNS, by John W. McLean, LD.S.Eng., and G. A. Morrant, B.D.S., D.D.S., L.D.S. British Dental Journal, August 3, 1954. O.C.L.*

(Continued from page 14)

now has two Cadillacs on his hands. . . . Goldhorn is back on the job after a bout with the flu. . . . Nobody, but nobody, seems to be doing anything these h'yar days, not even Olivi, and since I can't think up a hundred good reasons for sitting up all night trying to be clever, like Waska, I'll hang up.—*L. E. Lucas, Foreign Despondent.*

NORTH SUBURBAN

We've been threatening to have a short column one of these days, and, well—there you go. We'll bust right into the news, add a period, and call it a day. . . . We picked up a bit of information on Bob Johnson's success—One of his patients sat down saying, "Remind me when we're through today that I have a check for you in my coat pocket." Bob threw all gears into reverse, walked over to the coat, picked it up and handed it to his patient with the remark, "Now is the time, sir, while the tear is in the eye. To let it strike the cheek is too late." . . . Bill Fadul, we've heard, has returned to service in the Armed Forces . . . and Chuck McArthur has apparently been just about everywhere—say he's going on a vacation somewhere—where? "AAaah, who cares, just so I got my golf sticks along." Incidentally, Chuck has a new home in Kenilworth. . . . Jim Gold has turned the first shovel on construction of

his new office building in Ravinia. . . . Chuck Mansfield seems rather pale of late—too long back from Florida would be our guess. . . . Russ "Slipped Disc" Johnson—yep for the third time. Russ says he's working on some mysterious sort of adhesive to keep his corset in place permanently. . . . Jay Welborn—The Champ—says he's off for Palm Springs via some sort of dental meeting somewhere in California without his golf clubs (HE says), but his wife might have a word on the subject. Who do you suppose taught him the game? . . . Art Freeman's brother, Bob (orthodontist in Denver), was in town for a week attending the Angle Meeting, and, incidentally, Art and Frau. Bob was Art's excuse on at least one occasion for avoiding an evening of bridge. . . . Randy Wescott is busy recuperating from an overdose of grandchildren. Mom and dad went on a vacation for a month and left the two little m— — — —, um, darlings, with gramma and grandpa. Randy, incidentally, is remodeling his office, building a new home, and has already paid his 1954 income tax—WOW! . . . A newcomer to the north shore, Paul Jacobs, Loyola '51, spent a year in Oral Surgery at City Hospital in Fort Worth, two years in Oral surgery with the Air Force, and has now taken over the space vacated by Don Palmer on Main Street, Evanston, to practice general dentistry. Paul is married and has one youngster, a boy. . . . We overlooked Bob Jans in the production report last issue. Bob, a mighty busy lad as you all know—seldom walks, always trotting—was present when Collette Marie made her debut at 7 pounds 8 ounces, and listed her as number four child. . . . Here's one you'll never believe. Orville "Country Boy" Larsen, commonly referred to as "Bud," has installed a brand new Hammond Organ in his home. He and the wife are now learning to play it. OOooh, the neighbors. Incidentally, thanks to friend "Country" for his mention of our column in the *Illinois Journal*. . . . Reuben "Roundy" Davy is twenty years old again. Just got himself a Ford "Fairlane" hard top—YELLOW and BLACK—real jazzy . . . and Bob Reinardy has spread out in a new Buick Special. . . . We frequently pass LeRoy Smith's new bungalow office on Central Street, Evanston . . . and, oh by the way. Any of you wonder what's happened to Harry Chronquist—where he went, or sompn like that? He's the handsome gent with the almost moustache — WITHOUT — a cigar. Harry claims, "I quit." . . . We've missed Bob Lasater at lunch lately and learned he's on a two months' sojourn in California with his Geiger Counter—Prospecting? Bob's excuse will doubtless be the remodeling that's going on in his office. . . . Unhappily we must report the loss of two fine gentlemen from our ranks: Mel Zinser, past-president of the Illinois State Society, a wonderful guy, passed on January 25, after a long illness, and George Schnath suffered a fatal heart attack while driving home Monday eve, January 24. Our deepest sympathy to their families. . . . The Northwest Den-

tal Study Group featured Dr. Daniel Laskin of the University of Illinois Dental College on Oral Surgery in a beautifully presented program at one of the largest meetings to date—70 for dinner, at Weller's. . . . We learned, too, that Eddie Baumann was feted at this occasion on his "39th" birthday. Mrs. Baumann was admitted to Passavant Hospital this week for observation—a real big, "Get Well Quick," Ed. . . . Eddie would like to make a rather important announcement on behalf of the Ethics Committee for the North Suburban Branch. "A number of men, especially in the Park Ridge-Des Plaines area, have fallen for the cry of the telephone company to have their names listed in bold type. This and the quotation, (If no answer, please call—), or any other innuendos that mean the same are strictly unethical. Better stay on the straight and narrow, boys, you have never had it so good." . . . Eddie added a more pleasant post script to this note that Paul Bostian has recently returned from a three-week tour of Hawaii—yummy!! . . . The Lake County Dental Society met on January 10 at Hank's Restaurant, and featured Dr. Lester W. Boyd on the "Basic Principles of Full Denture Prosthesis." . . . The North Suburban Branch meeting January 11, featured Dr. Leonard Fosdick on Caries Control, and while your correspondent, unhappily, was not in attendance, he has heard that the 87 present enjoyed the program immensely. . . . If you haven't already done so, mark your calendar for the next meeting, March 8. . . . Incidentally, a point for the officers of the component branches of North Suburban—this column goes to print every first and fifteenth of the month. If you want advance publicity on meetings coming up you must get your dope in at least three weeks in advance. Remember it takes two weeks for setting up each issue of the FORTNIGHTLY—the column written on the first appears in the issue of the fifteenth, etc. . . . Roy Oakdale has had quite a session with an eye infection, causing considerable loss of time from the office, but is back now with both barrels burning. . . . A pleasant surprise—a card from an old crony of yours—if you're that old—Godfrey Schroeder (or rich)—from Acapulco Gro., Mexico. Our column even reaches so far it seems. Please don't misunderstand, my friend. When things go into this typewriter they sound OK—almost like a joke, even, but once in a while someone reads an exception into what was originally intended—nothing intended ever, but fun, and whatever news you may find of interest. Back to Godfrey (Schroeder, that is). We understand that there are principally two beaches at Acapulco—morning and afternoon, and that Godfrey prefers them in their proper order. Youse'd never guess the reason. He says, incidentally, that Bikinis these days could easily be improved, that Mexico is wonderful. . . . This little thought might be a little provoking. Masefield said, "A careless-

ness of life and beauty marks the glutton, the idler and the fool in their deadly path across history."—*F. S. Verink, Branch Correspondent.*

SOUTH SUBURBAN

Now that you guys have had it in so far as the Midwinter Meeting is concerned, we can all settle down and make use of the new knowledge and equipment. Just about all we have to worry about now are income tax and the bills as they arrive from the supply house. . . . Got a card from Dan Altier while he was in Nassau, and of all places the one he picked out to stay was Paradise Beach. I guess Dan is trying to get a preview of the hereafter and just to quote the same Dan, "the most beautiful place in the world." . . . Dr. A. I. Broder has just joined the ranks of the grandfathers in our South Suburban group. His son David became the pa of a brand new potential editor shortly after the first of the year. . . . The grapevine has it that Harry Lees' recent associate is to enter the armed services shortly. . . . Better late than never—from Homewood comes word that Freitag and family spent the Yuletide vacation skiing out in Sun Valley, Idaho. I understand that that is one of the few places where a guy can freeze to death while the sun is shining him full in the face. I am going to have to ask him what happened to his nether exposure. . . . Jack Amram went and got himself a new Ford Thunderbird. Being a two-seater, he is trying to figure out how he is going to get his frau and offspring all in at the same time. Jack, by the way, is taking charge of allocating time for the members of the St. James Hospital Dental Staff who have volunteered to care for the indigent children in the free clinic at the Washington School here in Chicago Heights. If there is anyone who has been overlooked just step up and ask to be counted in. . . . That's all for now, see you all in March.—*H. C. Gornstein, Branch Correspondent.*

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(Continued from page 12)

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Applications must be received by March 1st, and selections will be announced by April 1st. Forms may be obtained from: Associate Dean of the Graduate College, University of Illinois Professional Colleges, 808 South Wood Street, Chicago 12, Illinois.

(Continued from page 21)

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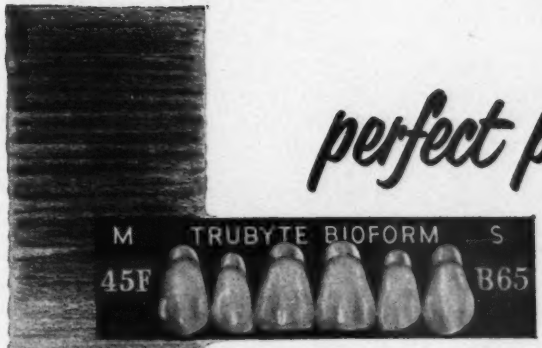

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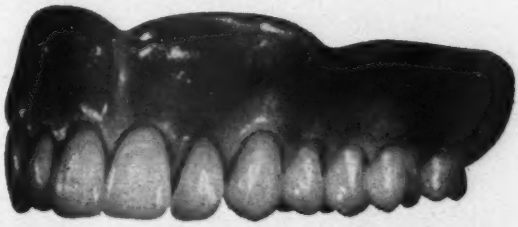

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